

# Disclosure Report Cover

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.  
Do not use this form to update information.

Amendment

Yes ☒ No ☐

<b>1. Committee Information</b>				
a. Full Name MIKE CONNOR FOR SHERIFF			c. ID Number	
b. Mailing Address (include City, State and Zip Code) P O BOX 300 EAGLE SPRINGS, NC 27242			d. Date Filed 02/24/2018	
			e. Phone Number (910) 638-3815	
2. Report Year 2017	3. Period Start Date (mm/dd/yy) 07/01/2017	4. Period End Date (mm/dd/yy) 12/31/2017	5. Treasurer Full Name MICHAEL CONNOR	
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund		<b>Municipal</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		
7. Type of Fund (if applicable, check one)		<b>State/County</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:		<input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special		
8. Number of Fundraisers this Report 0		10. Special Report Name		
<b>3. Account Information</b>				
a. Financial Institution Full Name MIKE CONNOR FOR SHERIFF		a. Financial Institution Full Name		
b. Purpose CAMPAIGN OPERATING ACCOUNT	c. Account Code 1	b. Purpose	c. Account Code	
	d. Period Begin Balance \$ 100.00		d. Period Begin Balance \$	
<b>CERTIFICATION</b>				
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board				
Michael D. Connor Printed Name of Signer		[Signature] Signature of Appointed Treasurer		02/25/2018 Date
<b>FOR OFFICE USE ONLY</b>				
Date Received: 2-26-18	Employee: [Signature]	Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed		
Date Postmarked:	Employee:	<input type="checkbox"/> Signer has not received mandatory training		
Date Scanned:	Employee:			
Date Data Entered:	Employee:			
<b>Please Note:</b> This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information. You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.				

# Detailed Summary

Use this form to summarize all disclosure reporting forms and to total monetary information

Amendment

☒ Yes ☒ No

<b>1. Committee Full Name (and Fund if applicable)</b>		<b>2. Type of Report</b>		<b>3. ID Number</b>	
MIKE CONNOR FOR SHERIFF		2017 Year End Semi-Annual			
<b>Start of Election Cycle: January 1, 2017</b>		<b>Total this Reporting Period</b>		<b>Total this Election Cycle</b>	
<b>4) Cash on Hand at Start</b>		\$ 100.00		\$ 0.00	
<b>RECEIPTS</b>					
<b>5) Aggregated Contributions from Individuals (CRO-1205)</b>		\$ 0.00		\$ 0.00	
<b>6) Contributions from Individuals (CRO-1210)</b>		\$ 850.00		\$ 950.00	
<b>7) Contributions from Political Party Committees (CRO-1220)</b>		\$ 0.00		\$ 0.00	
<b>8) Contributions from Other Political Committees (CRO-1230)</b>		\$ 0.00		\$ 0.00	
<b>9) Loan Proceeds (CRO-1410)</b>		\$ 0.00		\$ 0.00	
<b>10) Refunds/Reimbursements to the Committee (CRO-1240)</b>		\$ 0.00		\$ 0.00	
<b>11) Other Receipt Sources</b>					
<b>11a) Interest on Bank Accounts (CRO-1250)</b>		\$ 0.00		\$ 0.00	
<b>11b) Contributions from Not-For-Profit Organizations (CRO-1250)</b>		\$ 0.00		\$ 0.00	
<b>11c) Outside Sources of Income (CRO-1250)</b>		\$ 0.00		\$ 0.00	
<b>11d) Legal Expense Fund - Other Sources (CRO-1270)</b>		\$ 0.00		\$ 0.00	
<b>11e) Exempt Purchase Price Sales (CRO-1265)</b>		\$ 0.00		\$ 0.00	
<b>12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)</b>		\$ 850.00		\$ 950.00	
<b>EXPENDITURES</b>					
<b>13) Disbursements</b>					
<b>13a) Operating Expenditures (CRO-1310)</b>		\$ 909.34		\$ 909.34	
<b>13b) Contributions to Candidates/Political Committees (CRO-1310)</b>		\$ 0.00		\$ 0.00	
<b>13c) Coordinated Party Expenditures (CRO-1310)</b>		\$ 0.00		\$ 0.00	
<b>14) Aggregated Non-Media Expenditures (CRO-1315)</b>		\$ 0.00		\$ 0.00	
<b>15) Loan Repayments (CRO-1420)</b>		\$ 0.00		\$ 0.00	
<b>16) Refunds/Reimbursements from the Committee (CRO-1320)</b>		\$ 0.00		\$ 0.00	
<b>17) In-Kind Contributions (CRO-1510)</b>		\$ 0.00		\$ 0.00	
<b>18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)</b>		\$ 909.34		\$ 909.34	
<b>19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)</b>		\$ 40.66		\$ 40.66	
<b>ADDITIONAL INFORMATION</b>					
<b>20) Non-Monetary Gifts Given to Other Committees (CRO-1330)</b>		\$ 0.00			
<b>21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)</b>		\$ 0.00			
<b>22) Debts and Obligations owed by the Committee (CRO-1610)</b>		\$ 0.00			
<b>23) Debts and Obligations owed to the Committee (CRO-1620)</b>		\$ 0.00			
<b>24) Account Transfers Within the Committee (CRO-1720)</b>		\$ 0.00			
<b>25) Administrative Support (CRO-1710)</b>		\$ 0.00		\$ 0.00	
<b>26) Forgiven Loans (CRO-1440)</b>		\$ 0.00		\$ 0.00	
<b>27) 48-Hour Notice Reports Sum (CRO-2220)</b>		\$ 0.00		\$ 0.00	
<b>28) Contributions to be Refunded (CRO-1215)</b>		\$ 0.00		\$ 0.00	

# Contributions from Individuals

Pg 1 of 3

Amendment  
☒ Yes ☐ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 120 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
MIKE CONNOR FOR SHERIFF						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
ELLEN CONNOR P O BOX 441 CAMERON, NC 28326			SALES			
			c. Employer's Name/Specific Field			
			CONSULT INSPECT DESIGNS			
					e. Election Sum to Date	
					\$ 45.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Cash		09/17/2017	\$ 45.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
EMILY CONNOR 1499 MARTIN RD JACKSON SPRINGS, NC 27281			SURGICAL TECHNICIAN			
			c. Employer's Name/Specific Field			
			MOORE REGIONAL			
					e. Election Sum to Date	
					\$ 45.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Cash		09/17/2017	\$ 45.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
MICHAEL CONNOR 1499 MARTIN RD JACKSON SPRINGS, NC 27281 (910) 638-3815			RETIRED (LAW ENFORCEMENT)			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 470.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Check		07/18/2017	\$ 150.00	
<input type="checkbox"/>	1	Check		09/20/2017	\$ 20.00	
<input type="checkbox"/>	1	Credit Card		12/15/2017	\$ 200.00	
4. Total only this Page					\$ 460.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 850.00	

# Contributions from Individuals

Pg 2 of 3

Amendment

☒ Yes ☐ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
MIKE CONNOR FOR SHERIFF						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
NAOMI CONNOR 1499 MARTIN ROAD JACKSON SPRINGS, NC 27281			WAITRESS			
			c. Employer's Name/Specific Field			
			BEEFEATERS RESTAURANT			
					e. Election Sum to Date	
					\$ 45.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Cash		09/17/2017	\$ 45.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
ROBERT LATON P O BOX 1123 ABERDEEN, NC 28315			POSTAL (RETIRED)			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Check		07/13/2017	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
ERICA MICHAEL 1415 MARTIN RD JACKSON SPRINGS, NC 27281			WAITRESS			
			c. Employer's Name/Specific Field			
			BEEFEATERS RESAURANT			
					e. Election Sum to Date	
					\$ 45.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Cash		09/17/2017	\$ 45.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 190.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 850.00	

# Contributions from Individuals

Pg 3 of 3

Amendment  
☒ Yes ☐ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)				2. ID Number	
MIKE CONNOR FOR SHERIFF					
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments
DAVID WILLIAMS 192 HUNTER TRAIL SOUTHERN PINES, NC 28387			RETIRED LAW ENFORCEMENT		
			c. Employer's Name/Specific Field		
					e. Election Sum to Date
					\$ 200.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	Check		09/30/2017	\$ 200.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page					\$ 200.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 850.00

CRO-1210

NC State Board of Elections

April 2007

# Disbursements

Pg 1 of 4 Amendment ☒ Yes ☐ No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

<b>1. Committee Full Name (and Fund if applicable)</b>				<b>2. ID Number</b>	
MIKE CONNOR FOR SHERIFF					
<b>3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)</b>					
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
FIRST BANK 4295 NC HWY 211 SEVEN LAKES, NC 27376					
			<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					\$ 120.00
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
1	Electric Funds Tran	O	07/31/2017	\$ 8.00	CHECKING ACCT
1	Electric Funds Tran	O	08/29/2017	\$ 8.00	MAINTENANCE FEE CHECKING ACCT

<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
FIRST BANK 4295 NC HWY 211 SEVEN LAKES, NC 27376					
			<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					\$ 120.00
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
1	Electric Funds Tran	O	09/29/2017	\$ 8.00	CHECKING ACCT
1	Electric Funds Tran	O	10/31/2017	\$ 8.00	MAINTENANCE FEE CHECKING ACCT

<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
FIRST BANK 4295 NC HWY 211 SEVEN LAKES, NC 27376					
			<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					\$ 120.00
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
1	Electric Funds Tran	O	11/30/2017	\$ 8.00	SERVICE FEE
1	Electric Funds Tran	O	12/06/2017	\$ 36.00	SERVICE FEE

<b>5. Total only this Page</b>					\$ 76.00
<b>6. Total of ALL CRO-1310 Pages</b>					\$ 909.34
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)					
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)					
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)					

<b>7. Purpose Codes</b> (List detailed expenditure code in (h.) above)			
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund
O* Other			
* Codes require detailed explanation in required remarks field (k)			

**Disbursements**

Pg 2 of 4

Amendment

☒ Yes ☒ No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>	
MIKE CONNOR FOR SHERIFF							
<b>3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)</b>							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
FIRST BANK 4295 NC HWY 211 SEVEN LAKES, NC 27376							
				<b>c. Level Registered (Specify)</b>			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b>	
						\$ 120.00	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
1	Electric Funds Tran	O	12/12/2017	\$ 36.00	FEE		
1	Electric Funds Tran	O	12/29/2017	\$ 8.00	SERVICE CHARGE		
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
EAST COAST GRAPHICS 6321 ANDREW JACKSON HWY LAUREL HILL, NC 28351							
				<b>c. Level Registered (Specify)</b>			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b>	
						\$ 279.69	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
1	Check	B	07/20/2017	\$ 213.50	WINDOW DECALS AND		
1	Check	B	10/06/2017	\$ 66.19	BUMPER STICKERS WINDOW DECALS AND MAGNET		
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
EAST COAST GRAPHICS 6321 ANDREW JACKSON HWY LAUREL HILL, NC 28351							
				<b>c. Level Registered (Specify)</b>			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b>	
						\$ 128.21	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
1	Check	O	11/29/2017	\$ 128.21	DECALS AND CAR		
				\$	MAGNETS		
<b>5. Total only this Page</b>						\$ 451.90	
<b>6. Total of ALL CRO-1310 Pages</b>							
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)							
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)						\$ 909.34	
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)							
<b>7. Purpose Codes</b> (List detailed expenditure code in (h.) above)							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							



## Disbursements

Pg 3 of 4

Amendment  
Yes ☒ No ☒

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee Full Name (and Fund if applicable)						2. ID Number	
MIKE CONNOR FOR SHERIFF							
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
STAPLES INC 290 TURNER STREET SOUTHERN PINES, NC 28387							
				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$ 55.32	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Check	B	10/20/2017	\$ 55.32	HAND OUTS		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
MOORE COUNTY LEO P O BOX 98 CARTHAGE, NC 28327							
				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$ 100.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Check	O	09/30/2017	\$ 100.00	GOLF T BOX		
				\$	SPONSORSHIP (CONNOR)		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
US POSTAL SERVICE 1984 NC HWY 211 EAGLE SPRINGS, NC 27242							
				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$ 32.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Check	O	07/13/2017	\$ 32.00	POST BOX RENTAL		
				\$			
5. Total only this Page						\$ 187.32	
6. Total of ALL CRO-1310 Pages							
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)							
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)							
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)						\$ 909.34	
7. Purpose Codes (List detailed expenditure code in (h) above)							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							



# Disbursements

Pg 4 of 4 Amendment Yes ☒ No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

<b>1. Committee Full Name (and Fund if applicable)</b>				<b>2. ID Number</b>	
MIKE CONNOR FOR SHERIFF					
<b>3. Type of Disbursement</b> <i>(Please use separate CRO-1310 forms for each type of Disbursement)</i>					
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
WHISTLE STOP PRESS 175 DAVIS RD SOUTHERN PINES, NC 28387			<b>c. Level Registered (Specify)</b>		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					<b>e. Election Sum to Date</b>
					\$ 50.00
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
1	Check	O	10/18/2017	\$ 50.00	CAMPAIGN T SHIRTS
				\$	
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
SANDHILL SIGNS 336 FIELDS DRIVE ABERDEEN, NC 28315			<b>c. Level Registered (Specify)</b>		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					<b>e. Election Sum to Date</b>
					\$ 144.12
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
1	Check	B	10/20/2017	\$ 53.38	YARD SIGN AND DECALS
1	Check	B	11/09/2017	\$ 90.74	BANNER
<b>5. Total only this Page</b>					\$ 194.12
<b>6. Total of ALL CRO-1310 Pages</b> <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					\$ 909.34
<b>7. Purpose Codes</b> (List detailed expenditure code in (h.) above)					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		G - Political Party	
I - Postage		J - Penalties		K* - Office Expenses	
O* Other				D - To Another Candidate	
				H* - Holding Public Office Expenses	
				Q* - Donation to Legal Expense Fund	
* Codes require detailed explanation in required remarks field (k)					